

**Raleigh Claims Association
North Carolina Adjusters Association
20__ Application for Adjuster Membership**

Membership may be granted to persons professing connection on behalf of insurance companies, independent adjusting companies and any other person holding a North Carolina Property and Casualty License with investigation, adjustment, or examination of insurance claims and losses, except such persons as hold themselves out as attorneys practicing independently.

Date: _____

*Please print legibly! If you cannot print legibly, please type or attach a business card.
All members must complete Membership Application annually.*

Name: _____

License(s) Held: _____

Professional Designations (CPCU, AIC, etc.) _____

Length of Time Adjusting: _____

All meeting notices sent throughout the year are sent only via email. Please indicate whether you prefer:
 Home Email Address _____ Work Email Address _____

Home Address: _____

Home Telephone: _____

Cell Phone: _____

Job Title: _____

Employer/Company Name: _____

Company Mailing Address: _____

Work Telephone: _____

How did you become interested of RCA? _____

Did anyone recommend RCA to you? _____

Are you interested in helping Board members with events (ie, Golf Outing, Christmas Party?) yes no

Are you interested in serving on the Board of Directors? (2+ years of RCA membership required) yes no

Your \$10.00 Annual Membership Dues includes calendar-year membership in both the Raleigh Claims Association and the North Carolina Adjusters Association.

Please send your \$10.00 membership dues to:
Raleigh Claims Association
P.O. Box 10183
Raleigh, NC 27605-0183

For Board Use Only:

Date Received _____

Amount _____

Receipt Sent: _____

Email Verified on Membership List _____